



Rec'd PCT/PTO

24 OCT 2005

UNITED STATES PATENT AND TRADEMARK OFFICE

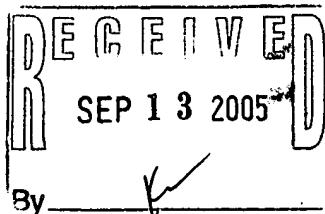
UNITED STATES DEPARTMENT OF COMMERCE
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| | | |
|---|---------------------------------------|----------------------------|
| U.S. APPLICATION NUMBER NO. 10/531,822 | FIRST NAMED APPLICANT Mark Brister | ATTY. DOCKET NO. PA1187 |
|---|---------------------------------------|----------------------------|

| |
|---|
| INTERNATIONAL APPLICATION NO. PCT/US03/32441 |
|---|

| | |
|--------------------------------|-----------------------------|
| I.A. FILING DATE 10/14/2003 | PRIORITY DATE 10/22/2002 |
|--------------------------------|-----------------------------|

28390
 MEDTRONIC VASCULAR, INC.
 IP LEGAL DEPARTMENT
 3576 UNOCAL PLACE
 SANTA ROSA, CA 95403



CONFIRMATION NO. 3938
 371 FORMALITIES LETTER
 OC000000016960232
 OC000000016960232

Date Mailed: 09/09/2005

NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 04/18/2005
- Copy of the International Search Report filed on 04/18/2005
- Copy of IPE Report filed on 04/18/2005
- Copy of Annexes to the IPER filed on 04/18/2005
- Copy of Article 19 Amendments filed on 04/18/2005
- English Translation of Article 19 Amendments filed on 04/18/2005
- Information Disclosure Statements filed on 04/18/2005
- U.S. Basic National Fees filed on 04/18/2005
- Specification filed on 04/18/2005
- Claims filed on 04/18/2005
- Abstracts filed on 04/18/2005
- Drawings filed on 04/18/2005

DOCKETED

LDC ✓RED BOOK ✓2nd Review ✓

Nrc of Missing Requirements

9 Nov 2005

Final Date

9 MAR 06

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

4

SUMMARY OF FEES DUE:

Total additional fees required for this application is \$130 for a Large Entity:

- \$130 Surcharge.

Additionally the following defects have been observed:

- Article 19 amendments have not been entered because replaced by article 34 amendment..

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

BARBARA A CAMPBELL

Telephone: (703) 308-9140 EXT 217

PART 1 - ATTORNEY/APPLICANT COPY

| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO. | ATTY. DOCKET NO. |
|-----------------------------|-------------------------------|------------------|
| 10/531,822 | PCT/US03/32441 | PA1187 |



JC04 Rec'd PCT/PTO 24 OCT 2005

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriate Act, 2005 (H.R. 4818)

FEE TRANSMITTAL
For FY 2005

Complete if Known

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)**130.00**

Application Number

10/531,822

Filing Date

April 18, 2005

First Named Inventor

BRISTER

Art Unit

Unassigned

Examiner Name

Unassigned

Attorney Docket Number

PA1187

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **01-2525** Deposit Account Name: **Medtronic Vascular, Inc.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below_____ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING Fee (\$) | FEES Small Entity Fee (\$) | SEARCH Fee (\$) | FEES Small Entity Fee (\$) | EXAM. Fee (\$) | FEES Small Entity Fee (\$) | Fees Paid (4) |
|------------------|-----------------|----------------------------|-----------------|----------------------------|----------------|----------------------------|---------------|
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | \$ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | \$ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | \$ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | \$ |

2. EXCESS CLAIM FEES**Fee Description**

| | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims**Fee (\$)** _____ **Fee Paid (\$)** _____

\$ _____ \$ _____

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

10/28/2005 ATRAM1 00000125 012525 10531822

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____
- 100 = / 50 = (round up to a whole number) x = \$ _____**4. OTHER FEE(S)****Fee Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

\$ _____

Other: Submission of Late Oath or Declaration**\$130.00****SUBMITTED BY**

Signature

Registration No.
(Attorney/Agent)

26,289

Telephone

707.543.5021

Name (Print/Type)

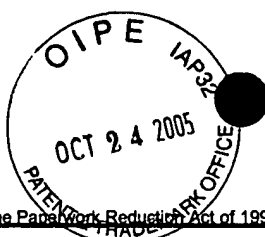
Alan M. Krubiner

Date

October 21, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (any by the USPTO to process an application). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Express Abandonment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 send select option 2.



Filed PCT/PTO 24 OCT 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | |
|---|------------------------|----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/531,822 |
| | Filing Date | April 18, 2005 |
| | First Named Inventor | BRISTER, Mark |
| | Art Unit | Unassigned |
| | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | Attorney Docket Number | PA1187 |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Executed Combined Declaration/Power of Attorney Document and Return Postcard |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--------------------------|----------|--------|
| Firm Name | Medtronic Vascular, Inc. | | |
| Signature | | | |
| Printed name | Alan M. Krubiner | | |
| Date | October 21, 2005 | Reg. No. | 26,289 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|-----------------|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | | | |
| Typed or printed name | Kimberly Melvin | Date | October 21, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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